

for a Class C Charter Certificate from
dba Doe's Limo

EDUCATIONAL CENTER

296798

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET
NUMBER: 2021 - 30 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Jackie O'Bannon

Telephone: 8436459400

Address: 7557 West Main Street

Fax: 8436456557

Post Office Box 1930

Other:

Ridgeland, SC 29936

Email: antiochexec@yahoo.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|---|
| <input checked="" type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

RECEIVED

JAN 22 2021

PSC SC
CLERK'S OFFICE

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JAN 22 2021
PSC SC
MAIL / DMS

js

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER**

Date: November 28, 2020

Select Class: (Check one)

- ☐ A
☒ A - RESTRICTED

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Antioch Educational Center
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name)
7557 West Main Street
Street Address of Applicant
Post Office Box 1930 0 Ridgeland, SC 29936
Mailing Address of Applicant (if different from street address)
843-645-9400 843-645-6557
Phone Fax
antiochexec@yahoo.com
Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☐ Individual Owner/Sole Proprietorship
☐ Partnership - List names and address of all person having an interest in the business.
☒ Corporation - List names and addresses of two principal officers.

Jimmie Lawrence

201 South Main St. Summerville, SC 29483

Bruce Lawyer

252 Judson Road Tillman, SC 29943

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

FINANCIAL STATEMENT

Applicant's assets and liabilities are as follows:

<u>Assets:</u>		<u>Liabilities:</u>	
Value of Real Estate	300,000	Mortgage/Loan on Real Estate	30,000
Value of Motor Vehicles	110,000	Loans Owed on Motor Vehicles	0
Cash on Hand	7,500	Business/Other Loans Owed	0
Cash in Bank	45,000	Other Liabilities or Debts	3,200
Value of Other Assets and Equipment	112,000	Total Liabilities	33,200.00
Total Assets	574,500		

INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 1.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

PROPOSED ROUTE AND MILEAGE

Operating between Hilton Head Island and Ridgeland

From	To	State or US Highway #	State Hwys.*	County Hwys.*	Streets of Cities or Towns *
Harris Tweeter	Palmetto Dunes	US 278 W	3		Queen Folly Road
Palmetto Dunes	Kroger Center	US 278 W.	1		Shelter Cove Lane
Kroger enter	Wal Mart	US 278 W.	2		Indingo parkway
Wal Mart	Tangler Outlet Mall 1	US 278 W.	7		Sawmill Creek Road
Tangler Mall 1	Target	US 278	2		Bluffton
Target	Walmart Sams	US 278	2		Bluffton
Walmart	Kroger	US - 278	3		Bluffton
Kroger	Antioch ED. Center	US-278 and I-95	15		Ridgeland

* Exact distance in miles traveled over.

Restricted: To the transportation of passengers to and from places of employment.

Restricted: So as not to permit any charter service.

PROPOSED ROUTE AND MILEAGE

Operating between Ridgeland and Hilton Head Island

From	To	State or US Highway #	State Hwys.*	County Hwys.*	Streets of Cities or Towns *
7557 W. Main St.	Coastal Carolina Hospital	US 17 South	1.5		Ridgeland
Ridgeland	Coastal Carolina Hospital	US I-95 S	10		Hardeeville
Coastal Carolina Hospital	New River Center	US 278 E.	2		Hardeeville
New River Center	Tangler Outlet Mall 1	US 278	5		Bluffton
Tangler Outlet Mall	Wal Mart center	US 278	7		Hilton head island
Wal Mart Center	Shelter Cove Shopping Center	US 278 E.	4		Hilton Head Island
Shelter Cove S. Center	Palmetto Dunes S. Center	US 278	2		Hilton Head Island
Palmetto Dunes S. Center	Harris Tweeter	US 278	2		Hilton Head Island

* Exact distance in miles traveled over.

Restricted: To the transportation of passengers to and from places of employment.

Restricted: So as not to permit any charter service.

ACCEPTED FOR PUBLICATION
January 25 9:02 AM - SCOPSC - 2021-30-T - Page 6 of 22

ACCEPTED FOR PUBLICATION
January 25 9:02 AM - SCOPSC - 2021-30-T - Page 6 of 22

* Number of seats, including driver's seat, if passenger carrier, or tonnage if freight carrier.

INSURANCE QUOTE

This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE

The following insurance quote is for:

Antioch Educational Center

Name of Applicant

7557 Main St. Ridgeland, SC 29936

Address of Applicant

Amount of Premium:

Limits Quoted: (See Below)

Liability Insurance \$ 8063.00

Limits \$1,000,000 CSL

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

1-7 Passengers*	\$ 25,000/50,000/25,000
8-15 Passengers*	\$ 25,000/100,000/25,000
16 or More Passengers*	\$ 25,000/300,000/25,000

* Passengers = Number of seatbelts in the vehicle including the driver's seatbelt

Selective Insurance

Name of Insurance Company

72 Eagle Rock Avenue East Hanover, NJ 07936

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit Fit, Willing, and Able (FWA)

Antioch Educational Center

Name _____

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☐ Yes ☒ No ☐ Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

☐ Satisfactory ☐ Conditional ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes ☒ No

3. Are there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, list judgements here:

4. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.


Applicant's Signature

Executive Director
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)
COUNTY OF Beaufort)

SWORN TO BEFORE ME
This 5 day of December, 2020


Notary Public

Commission Expires February 18, 2024

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

ANTIOCH EDUCATIONAL CENTER, a nonprofit corporation duly organized under the laws of the State of South Carolina on October 18th, 2005, has as of the date hereof filed as a nonprofit corporation for religious, educational, social, fraternal, charitable, or other eleemosynary purpose, and has paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-31-1421, and that the nonprofit corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Seal
of the State of South Carolina this 19th day
of January, 2021.


Mark Hammond, Secretary of State

SELECTIVE

BE UNIQUELY INSUREDSM

Quotation of Commercial Insurance

Prepared for:
ANTIOCH EDUCATIONAL CENTER
7557 W MAIN ST
RIDGELAND, SC 29936



Presented By:
KINGHORN INSURANCE AGENCY OF BEAUFORT

Proposal Print Date: 01/20/2021

SELECTIVE

BE UNIQUELY INSUREDSM

Quotation of Commercial Insurance
Schools
New Business

Prepared for:
ANTIOCH EDUCATIONAL CENTER
7557 W MAIN ST
RIDGELAND, SC 29936

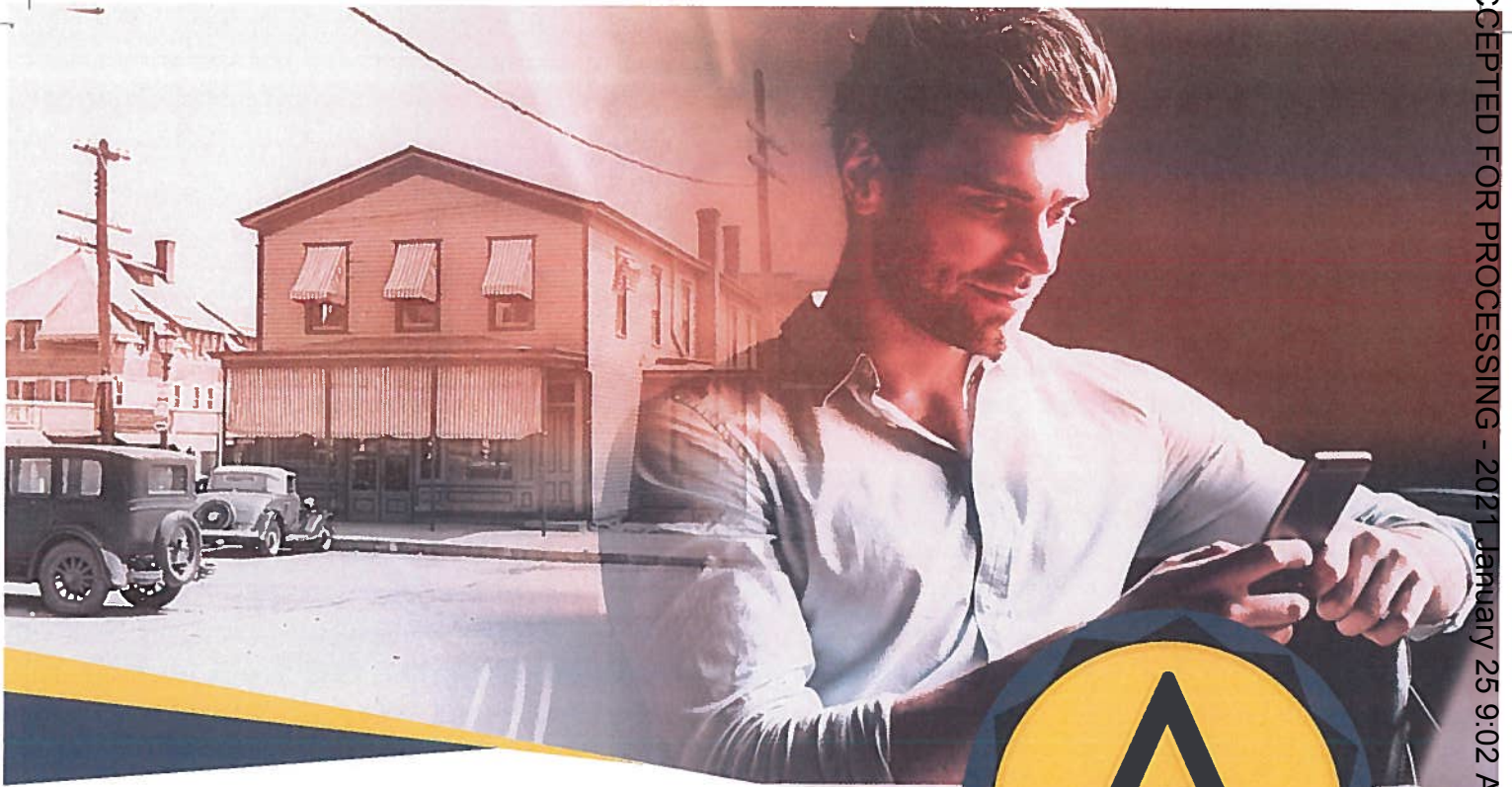


Presented By:
KINGHORN INSURANCE AGENCY OF BEAUFORT

The following quotation of insurance has been developed for the above captioned risk.
IT IS AGREED AND UNDERSTOOD NO COVERAGE HAS BEEN BOUND.

This quotation will expire after (30) days Or the effective date of requested coverages unless otherwise notified.

Proposal Print Date: 01/20/2021
Underwritten By:
Selective Ins Co of America



PROVIDING UNIQUE INSURANCE SOLUTIONS SINCE 1926



Since its founding, Selective has built a reputation for providing unique insurance solutions backed by outstanding customer service. This reputation has been rewarded with an “A” (Excellent) Rating from AM Best for more than 9 decades.

Today, **Selective Insurance Group, Inc.** is a holding company for 10 property and casualty insurance companies that partner with independent agents to offer standard and specialty insurance for commercial and personal risks. Selective invites its customers to Be Uniquely Insured in partnership with independent agents, who together deliver a best-in-class customer experience.

Headquartered in Branchville, New Jersey since 1926, Selective employs a diverse workforce of more than 2,300 engaged professionals. As the 41st largest U.S. property & casualty group in 2020 (per AM Best), Selective is a super-regional insurance carrier with Commercial Lines in 27 states, Personal Lines in 15 states, Excess & Surplus Lines in 50 states, while being the 3rd largest “Write Your Own” insurance carrier in the National Flood Insurance Program.

Selective’s unique position as both a leading insurance group and an employer of choice is recognized in a wide variety of awards and honors, including a listing in the Fortune 1000 and being named one of “America’s Best Mid-Size Employers” in 2019 by *Forbes Magazine*.

SELECTIVE
BE UNIQUELY INSURED®

HERE'S WHAT YOU CAN EXPECT AS A BUSINESS CUSTOMER WITH SELECTIVE.

PRIOR TO POLICY ISSUED



Top Quality Agent



Safety Management Survey¹

- Comprehensive Risk Advice
- Help Identify Unknown Risks
- A local team from Selective working in partnership with your agent

AS A SELECTIVE CUSTOMER



Welcome Email



Digital Policy



Mobile App & Web Portal

- Sign up for **Online Access**
- View Policies, Bills, Auto ID Cards²
- Manage Account 24/7



Safety Management Evaluation



Safety Management Service Visit



License Verification with Atlas Certified

- Review Risk Mitigation Efforts
- **Online Tools & Videos**
- Validate Credentials and Increase Compliance



Electronic Billing Alerts



Automatic Payment Options

- Via Email, Text³, **Mobile App³**
- Checking/Savings Account, Credit/Debit Cards
- Various Flexible Payment Plans
- Pay as You Go⁴



Extended Hours Contact Center



Instant Customer Recognition

- Pay via Phone 24/7
- Communication via Phone, Email, Chat



Selective® Drive

- **Selective® Drive Mobile App**
- Reduce Distracted/Careless Driving
- Track Driver Locations
- Fleet Route Optimization



Customer Preferences



Proactive Messages



Recall Alerts

- Choice of Communication Channel
- Billing, Claims & Policy Notifications
- Customized Weather Alerts
- Product & Auto Recalls



Accident Claim



Upload Claim Photos with EZ Write



48-Hour Payment with SWIFTClaimSM

- Multiple Claim Reporting Options
- Unlimited Photo Upload
- Payment Within Two Days⁵



Proof of Insurance via Mobile App

- Instant Access to Proof of Insurance
- Locate Key Service Providers



Automatic Renewal Options

- Convenient Automatic Renewals
- Multi-Line Product Discount Opportunities

¹ Available for selected Commercial Lines Customers

² Where Allowable by State

³ Coming in 2019

⁴ With PaySync® Products

⁵ Only for SWIFTClaimSM

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Quotation of Commercial Insurance
ANTIOCH EDUCATIONAL CENTER
Quote # 13534800
Policy Period: 01/31/21 to 01/31/22

Table Of Contents

	<u>Page #</u>
Premium Summary.....	6
Premium Recap.....	7
Automobile Schedule.....	8
Automobile.....	9
Billing Information.....	11
ElitePac Commercial Auto Extension Endorsement.....	Appendix I

This non-binding proposal is only a summary of premium. It is not a guarantee that the actual premium will not exceed the amount of the proposal. No coverage is provided by this summary nor does it replace any provisions of the final policy. For specific terms and restrictions, refer to the individual policy and coverage forms.

Quotation of Commercial Insurance
ANTIOCH EDUCATIONAL CENTER
Quote # 13534800
Policy Period: 01/31/21 to 01/31/22

Premium Summary

<u>Coverage</u>	<u>Premium</u>
Automobile	\$8,067.00
Total Premium	\$8,067.00

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Quotation of Commercial Insurance
ANTIOCH EDUCATIONAL CENTER
Quote # 13534800
Policy Period: 01/31/21 to 01/31/22

Line Of Business Premium Recap

Automobile Premium Totals

<u>Liab Coverages</u>	<u>Premium</u>	<u>Phy Dmg Coverages</u>	<u>Premium</u>
Liability	\$5,964.00	Comprehensive	\$566.00
UM/UIM (BI/CSL)	\$38.00	Collision	\$774.00
UIM (BI/PD)	\$260.00		
Terrorism Premium	\$273.00		
ElitePac Commercial Auto Extension Endorsement	\$192.00		
Liability Total Premium	\$6,727.00	Phy Dmg Total Premium	\$1,340.00
Grand Total LOB Premium			\$8,067.00

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Quotation of Commercial Insurance
ANTIOCH EDUCATIONAL CENTER
Quote # 13534800
Policy Period: 01/31/21 to 01/31/22

Policy Auto Schedule

<u>Veh #</u>	<u>State</u>	<u>Year</u>	<u>Make/Model</u>	<u>VIN</u>	<u>Comp Ded</u>	<u>Coll Ded</u>	<u>Premium</u>
001	SC	18	FORD/E450SD	1FDFE4FS5JDC32546	1000	1000	\$3,801.00
002	SC	18	FORD/E450SD	1FDFE4FS9JDC32551	1000	1000	\$3,801.00

This non-binding proposal is only a summary of premium. It is not a guarantee that the actual premium will not exceed the amount of the proposal. No coverage is provided by this summary nor does it replace any provisions of the final policy. For specific terms and restrictions, refer to the individual policy and coverage forms.

Quotation of Commercial Insurance
ANTIOCH EDUCATIONAL CENTER

Quote # 13534800

Policy Period: 01/31/21 to 01/31/22

Automobile

Policy Level

	<u>Symbol</u>	<u>Limit</u>	<u>Premium</u>
Liability Limit Type CSL			
- Liability	7	1,000,000	
ElitePac Commercial Auto Extension Endorsement			\$192.00

State Level Coverages (SC)

<u>Coverage</u>	<u>Symbol</u>	<u>Limit</u>	<u>Premium</u>
UM/UIM (BI/CSL)	7	1,000,000	

Vehicle Level

Vehicle SC/001 : 2018 FORD E450SD VIN# 1FDFE4FS5JDC32546

<u>Coverage</u>	<u>Symbol</u>	<u>Limit</u>	<u>Premium</u>
Liability	7	See State Level	\$2,982.00
UM/UIM (BI/CSL)	7	See State Level	\$19.00
Comprehensive	7	1,000 Ded	\$283.00
Collision	7	1,000 Ded	\$387.00
UIM (BI/CSL)		See State Level	\$130.00

Vehicle Total Premium \$3,801.00

Vehicle SC/002 : 2018 FORD E450SD VIN# 1FDFE4FS9JDC32551

<u>Coverage</u>	<u>Symbol</u>	<u>Limit</u>	<u>Premium</u>
Liability	7	See State Level	\$2,982.00
UM/UIM (BI/CSL)	7	See State Level	\$19.00
Comprehensive	7	1,000 Ded	\$283.00
Collision	7	1,000 Ded	\$387.00
UIM (BI/CSL)		See State Level	\$130.00

Vehicle Total Premium \$3,801.00

Other

	<u>Premium</u>
Terrorism Premium	\$273.00

This non-binding proposal is only a summary of premium. It is not a guarantee that the actual premium will not exceed the amount of the proposal. No coverage is provided by this summary nor does it replace any provisions of the final policy. For specific terms and restrictions, refer to the individual policy and coverage forms.

Quotation of Commercial Insurance
ANTIOCH EDUCATIONAL CENTER
Quote # 13534800
Policy Period: 01/31/21 to 01/31/22

Total Automobile Premium

\$8,067.00

This non-binding proposal is only a summary of premium. It is not a guarantee that the actual premium will not exceed the amount of the proposal. No coverage is provided by this summary nor does it replace any provisions of the final policy. For specific terms and restrictions, refer to the individual policy and coverage forms.

Selective Customer Self-Service and Billing Options



We understand that each customer has unique needs—that's why Selective offers a variety of installment plans. Your agent can assist you with selecting a plan that works best with and meets the eligibility requirements for your particular policy. Please note that policies on the same account may have different payment plans and installment fees may apply.

- 1-Pay: Due in full at policy inception
- 2-Pay: Two equal installments due at policy inception and in the 6th month of the policy term
- 4-Pay: Four equal installments due at policy inception and in the 3rd, 6th and 9th months of the policy term
- Quarterly: Four equal installments due quarterly starting at policy inception
- 10-Pay: 19% due at policy inception, the remaining balance billed in nine equal monthly installments

The SelectPay® Advantage (Electronic Funds Transfer)

With our free SelectPay® service, your insurance payments can be automatically deducted from your checking or savings account. Not only will this save you time, but you'll avoid late fees.

Signing up for SelectPay® is easy – just visit www.selective.com and sign in. Click the "Billing & Payments" tab and then choose the "Pay Bill" link. You will need your policy number and bank account information to complete the transaction.

PaySync® Flexible Payment Program

Get the cash flow flexibility you need with PaySync® for your Selective Workers Compensation (WC) and Commercial Package Policy (CPP). With PaySync® WC, pay your premium installments when you pay your payroll; with PaySync® CPP, premiums are broken down into 12, 24, 26, or 52 payments – your choice during policy issuance. Benefits include:

- No down payments
- PaySync® is simply another pay plan option, so no special underwriting guidelines apply

You'll need to provide Selective with your payroll information each pay cycle to be eligible to the PaySync® WC program. Payroll information can be submitted by you or a third party, such as an accountant or payroll processor, on your behalf. For more information about the program, please visit selective.com/paysync or contact your agent.

Your time is valuable. Selective lets you manage your policy on your own time through our online Customer Self-Service site. Here you can:

- Pay your bill
- Schedule future payments
- Build and print certificates of insurance
- Print automobile ID cards
- File a claim
- Review, download or print a copy of your policy

Registration is simple. Have your policy or bill handy when you visit www.selective.com and then click "Need a Customer User ID and Password". Follow the onscreen instructions to answer the three security questions identifying your policy and begin managing your account 24/7.

COVERAGE SUMMARY

SELECTIVE
 BE UNIQUELY INSURED™

ElitePac® Commercial Auto Extension Endorsement

The following forms are included:

- CA 7809 ElitePac® Commercial Automobile Extension
- CA 7816 Schedule ElitePac® Commercial Automobile Extension

Coverage	Limit
Amendments To Section II - Liability Coverage	
Newly Acquired Or Formed Organizations – qualify as named insured if majority owned with no similar insurance available	Included
Limited Liability Companies – members and managers are insureds while using an auto not owned or hired by named insured	Included
Employees As Insureds – while using an auto not owned or hired by named insured in named insured's business	Included
Blanket Additional Insureds	Included
Expenses For Bail Bonds And Loss Of Earnings	
Bail Bonds	\$3,000 Per "Accident"
Loss Of Earnings	\$1,000 Per Day
Employee Indemnification and Employer's Liability Amendment – exclusion does not apply to volunteer worker not entitled to Workers Compensation coverage	Included
Fellow Employee Coverage – the exclusion is deleted	Included
Care, Custody Or Control Amendment – exclusion does not apply to property owned by anyone other than an insured	\$1,000 limit Per "Accident"; \$500 Deductible Per "Accident"
Amendments To Section III - Physical Damage Coverage	
Towing And Labor	
Private Passenger Auto, Social Service Van or Bus, Light Truck Medium, Heavy and Extra Heavy Trucks	\$75 Per Tow \$150 Per Tow
Glass Breakage Deductible – waived when glass is repaired	Included
Additional Transportation Expenses	\$60 Per Day up to a maximum of \$1,800
Hired Auto Physical Damage Coverage	\$75,000 Per "Loss"
Hired Auto Loss of Use Coverage – for expenses named insured is legally responsible to pay for loss of use of covered auto	\$750 Per "Accident"

COVERAGE SUMMARY

SELECTIVE
 BE UNIQUELY INSURED™

ElitePac® Commercial Auto Extension Endorsement

Coverage	Limit
Amendments to Section III – Physical Damage Coverage, Continued	
Auto Loan/Lease Gap Coverage (N/A in New York)	Unpaid amount due on lease or loan, with exceptions
Personal Effects Coverage – for covered personal items in a covered auto at time of theft, no deductible applies	\$500 Per "Accident"
Airbag Coverage	Included
Expanded Audio, Visual and Data Electronic Equipment Coverage	Included
Comprehensive Deductible – Location Tracking Device - 50% reduction of deductible if tracking device used to recover auto	Included
Physical Damage Limit Of Insurance – removes restriction related to betterment and sublimit of \$1,000 for electronic equipment	Included
Amendments To Section IV - Business Auto Conditions	
Duties In Event of Accident, Claim, Suit or Loss – this condition does not apply unless certain persons have knowledge of the accident, claim, suit or loss.	Included
Waiver of Subrogation – blanket waiver when liability has been assumed under an insured contract	Included
Multiple Deductibles – if two or more covered autos involved in loss, only highest deductible applies	Included
Concealment, Misrepresentation or Fraud – coverage not denied if named insured unintentionally fails to disclose existing hazard	Included
Policy Period, Coverage Territory – covers any type of covered auto hired for 30 days or less anywhere in the world	Included
Two or More Coverage Forms or Policies Issued By Us – Deductibles – only the highest applicable deductible will apply	Included
Amendments To Section V – Definitions	
Bodily Injury Including Mental Anguish (N/A in New York)	Included

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Schmieding, Janice

From: Schmieding, Janice
Sent: Thursday, January 21, 2021 3:03 PM
To: Jackie O'Bannon
Cc: Chauvin, Carole; Sarrell, Jenna
Subject: Antioch Educational Center - Additional Information Needed

Ms. O'Bannon,

I received the Certificate of Existence that you e-mailed to the Commission. However, I still need paperwork supporting the insurance quote from your agent or insurance company. Once you submit that information, your application will be ready for processing.

Janice Schmieding
Clerk's Office
803-896-5240